

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

887 Integrated Personal Care Administration

Provides support to participating Community Residential Care Facilities through policy development and communication, claims processing and claims resolution, monitoring of inspection reports and compliance with program requirements.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$452,601	\$160,653	\$265,436	\$0	\$0	\$26,512	6.00

Expected Results:

Contracted facilities will meet program requirements, payments will be accurate and policy will be communicated clearly.

Outcome Measures:

Contracted facilities will receive payment for providing Integrated Personal Care to residents who qualify for the service.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

888 Clinic Services

Services designed to assist Medicaid recipients of any age and their families adapt to the chronic diagnosis of diabetes, learn disease management skills, adopt realistic dietary regimens and acquire information regarding the nature of diabetes. Genetics Education Services are directed at children who have disabilities and/or developmental delays for the purpose of identifying children with or at risk of genetic disorders. Only Rural Health Clinics, Federally Qualified Health Clinics, and children's coverage are considered mandatory. Authority for this activity is contained in 42CFR Parts 430-498, State Law Title 44, 44-6-5 - 44-6-910.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$101,996,981	\$27,845,969	\$70,949,100	\$0	\$0	\$3,201,912	0.00

Expected Results:

Decrease in further medical care and hospitalization. Increase patient education and disease management to improve quality of life.

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Outcome Measures:

To continue to provide a setting that is less costly to the recipient than the hospital setting. Increase access to care, provide early detection, increase beneficiary utilization, and provide a medical home. Total Recipients: 173,998; Total Transactions: 892,363

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

889 Clinic Services Administration

(1) Support to providers including Outpatient Pediatric AIDS Clinics, End Stage Renal Disease Clinics, Infusion Centers, Ambulatory Surgical Centers, x-ray providers and laboratories through claims resolution & processing, policy development, interpretation & clarification, rate setting, and assisting with budget management. (2) Provide support and oversight to the Medically Fragile Children's Program (MFCP) which serves Medicaid eligible children with complex ongoing medical needs. This program provides a medical home with primary care services, care coordination, and case management services. It is currently offered in only three urban areas: Columbia, Greenville/Easley, and Charleston. (3) Provide support to providers of Preventive/Rehabilitative Services for Primary Care Enhancement (P/RSPCE) to assist clients in need of reinforcement of the medical plan of care. Provide support to providers of Infant Home Visits. (4) Provide support to Diabetes Management Providers who work with beneficiaries who have diabetes,

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$592,152	\$210,189	\$347,278	\$0	\$0	\$34,685	7.85

Expected Results:

Maintenance of provider base. Increase in enrollment. Quality health care for Medicaid beneficiaries. Increase in quality of life and life span of MFCP beneficiaries through comprehensive, coordinated services. Increased compliance with medical treatment plan.

Outcome Measures:

Physician reimbursement rate remains competitive.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

890 Durable Medical Equipment

Reimburse providers for services. This is an optional service. Authority for this activity is contained in 42CFR Parts 430-498, State Law Title 44, 44-6-5 - 44-6-910.

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$66,625,283	\$20,280,736	\$46,344,547	\$0	\$0	\$0	0.00

Expected Results:

Medicaid eligible persons have access to services.

Outcome Measures:

84,008 Beneficiaries served; \$592 annual expenditures per beneficiary; 713,056 services/items provided; \$69.98 per services/item. Claims resolutions, responding to provider & Beneficiary inquiries. Total recipients 84,008, Total transactions 713,056, Total expenditures \$49,753,904

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

891 Durable Medical Equipment Administration

Sets policies, procedures & guidelines for provision of durable medical equipment (DME) and supplies. Conducts prior authorization for equipment/services. Supports provider base through claims resolution & processing, policy development, interpretation & clarification.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$452,601	\$160,653	\$265,436	\$0	\$0	\$26,512	6.00

Expected Results:

Maintenance of provider base. Increase in enrollment. Provide appropriate DME for Medicaid beneficiaries.

Outcome Measures:

Program policy development, Medicaid Bulletins, verifications of Prior Approval requests

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

892 Coordinated Care

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Provide Managed Care options for enrollable Medicaid beneficiaries. The State reimburses Managed Care Organizations (MCOs) an actuarially certified capitated rate for enrolled members. MCOs provide a coordinated system of primary care with the goal of establishing them in a stable medical home. Additionally, the MCOs provide disease management, care coordination, and other enhanced services to improve health outcomes and reduce unnecessary higher cost services such as Emergency Room and hospitalizations. The State reimburses Care Coordination Services Organizations (CSOs) a Per Member Per Month (PMPM) fee to assist Primary Care Physicians (PCPs) in the delivery of coordinated care within a stable medical home. The CSOs offer PCPs a small PMPM for their agreement to accept and partner with patients as they maneuver the health care system. The goals of increasing preventative care while reducing unnecessary hospitalizations and Emergency Room usage are the same as with the MCOs. The State also reimburses the Medically Fragile Children's Programs an actuarially certified capitated rate for the delivery of a prepaid ambulatory health plan.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$232,581,442	\$70,797,791	\$161,783,651	\$0	\$0	\$0	0.00

Expected Results:

Cost savings resulting from more beneficiaries being established with a stable medical home so that preventative care and routine primary care are provided so that more complex problems/illnesses can be avoided. Improved access to specialists and Medicaid-sponsored services. Improved health status of beneficiaries.

Outcome Measures:

Total unduplicated recipients served in FY 07: 227,079; Transactions: 2,093.050

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

893 Coordinated Care Administration

Provides oversight and support to current Medicaid Managed Care Organization (MCO), Primary Care Case Management (PCCM) Networks, and the Medically Fragile Children's Program (MFCP).

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$1,301,225	\$461,881	\$763,127	\$0	\$0	\$76,217	17.25

Expected Results:

Provides oversight and support to current Medicaid Managed Care Organization (MCO), Primary Care Case Management (PCCM) Networks, and the Medically Fragile Children's Program (MFCP). Provides technical assistance to MCOs wanting to operate in SC and to physicians/Administrative Service Organizations (ASO) wanting to develop physician networks in SC. Develops new managed care initiatives to Medicaid program.

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

42CFR Part 438. in SC. Develops new managed care initiatives for Medicaid program.

Outcome Measures:

The State will offer a variety of options for coverage that may extend enhanced benefits for the beneficiaries within the Medicaid enrolled population.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

894 DMH Medicaid Services

Provides financial support for community mental health treatment services to severely emotionally disturbed children and chronically mentally ill adults.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$179,818,334	\$0	\$125,081,633	\$0	\$0	\$54,736,701	0.00

Expected Results:

The development of an individualized plan of care for every adult with a serious mental illness and every child with a serious emotional disturbance to enhance individual living skills and to help prevent children, adolescents and their families from being institutionalized or hospitalized. Services emphasize the acquisition, development and expansion of rehabilitative skills needed to move forward in recovery, resulting in an improved quality of life for clients and their families.

Outcome Measures:

Improved functioning and safety for seriously emotionally disturbed children and for mentally ill adults. In addition to improving quality of life, this should lead to a reduction in the costs associated with the treatment of these conditions by increasing community tenure. The occurrence and severity of disabilities will be reduced where possible. Clients will function at an optimal level in the least restrictive level of care. Outcomes include a reduction in hospitalizations and emergency room visits for this population. Another measure is the extent to which coordination of care exists between public and private providers. Total Transactions: 1,117,318 Cost per Transaction: \$126.01 Total Recipients: 46,186 Cost per Recipient: \$3,048

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

895 DDSN Medicaid Services

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Intermediate Care Facilities for the Mentally Retarded (ICFs/MR): Provide active treatment, health and rehabilitative services to persons with mental retardation or related conditions at the intermediate level. Services are provided by licensed, certified and contracted institutional facility and include 24-hour supervision, evaluation and coordination of services to help individuals function optimally.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$458,261,708	\$0	\$318,766,844	\$0	\$0	\$139,494,864	0.00

Expected Results:

To provide quality appropriate level of care 24 hours a day to beneficiaries. Rate Setting - To develop fair and equitable Medicaid reimbursement rates for intermediate care facilities for the mentally retarded (ICF/MRs) participating in the South Carolina Medicaid Program based upon a federally approved rate setting methodology.

Outcome Measures:

Rate Setting - Reviewed 35 intermediate care facility for the mentally retarded (ICF/MR) cost reports for 131 facilities to determine the total allowable Medicaid costs to be reimbursed to the providers for the cost reporting period being reviewed. Total Transactions: 861,204 Cost per Transaction: \$489.16 Total Recipients: 19,813 Cost per Recipient: \$21,262

Agency: J02 - Health & Human Services Finance
Commission

Functional Group: Health

896 DHEC Medicaid Services

Early Intervention (EI) Services are medically necessary services provided for the purpose of facilitating correction or amelioration of developmental delay and/or disability. Conditions left untreated, would negatively impact the health and quality of life of the child. EI Services consist of the provision of Family Training and Service Coordination Services to children with developmental delay and/or disability, age 0-6 and their families. Nursing Services for Children under 21 involves the provision of specialized health care services to children needing primary health care services. Dental: DHEC's Children's Rehabilitative Services (CRS Ortho) Program provides orthodontic services for Medicaid beneficiaries that have severe birth defects which result in craniofacial anomalies such as Cleft Lip and/or Cleft Palate, Prognathism, Crouzon's Syndrome, Apert's Syndrome, Mid-face and Growth Related Skeletal Deficiencies.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$40,479,317	\$0	\$28,157,413	\$0	\$0	\$12,321,904	0.00

Expected Results:

EI: Will provide assurance of timely access to community services and programs that can best meet the individual needs of the child. Coordinating transition from one milestone service to another (e.g. from EI to public school.

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Head Start, Early Head Start and child care in the community). giving parents information on health care, assisting with keeping appointments and etc. Family Training, trains parents/caregivers in the use of developmentally appropriate activities to enhance their child's development and family support. Nursing Services, will identify, coordinate and treat medical condition to increase level of functioning. Dental Providing access to care for treatment of these severe birth defects through the CRS program will lead to improved quality and longevity of life through the ability of the patient to eat, drink and communicate normally as well as present a normal appearance.

Outcome Measures:

EI: Increase access to care, provide early detection, increase beneficiary utilization of prevention services.
Dental: Yearly increase in number of beneficiaries receiving orthodontic treatment through the CRS program resulting from improved access to care. Coordination of services and care with public and private providers. The ability of the Patient to eat, drink and communicate normally as well as present a normal appearance. Total Transactions: 285,361 Cost per Transaction: \$42.86 Total Recipients: 79,889 Cost per Recipient: \$153

Agency: J02 - Health & Human Services Finance
Commission

Functional Group: Health

897 MUSC Medicaid Services

Behavioral Health Services: Provides financial support for an array of outpatient community mental health treatment services to severely emotionally disturbed children and chronically mentally ill adults. Early Intervention: Developmental Evaluation Center (DEC), Sickie Cell Case Management, Gastroenterology, Asthma, and Genetics Education services are a part of community service provision at MUSC. DEC services are comprehensive assessments performed for the purpose of identifying genetic disorders. Sickie Cell Case Management Services include counseling and case management services to patients with Sickie Cell Disease. Genetics Education Services are directed at children who have disabilities and/or developmental delays for the purpose of identifying children with or at risk of genetic disorders. Dental: MUSC operates a Maxillofacial Prosthodontic Clinic that serves the needs of patients with severe Oral and Maxillofacial disfigurement as a result of cancer or trauma (gunshot wounds, fire, accidents, etc.).

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$58,697,907	\$0	\$40,830,264	\$0	\$0	\$17,867,643	0.00

Expected Results:

BHS: The development of an individualized plan of care for every adult with a serious mental illness and every child with a serious emotional disturbance to enhance individual living skills and to help prevent children, adolescents and their families from being institutionalized or hospitalized. Services emphasize the acquisition, development and expansion of rehabilitative skills needed to move forward in recovery, resulting in an improved quality of life for clients and their families. EI: These array of services will reduce costly hospitalization and provide access to community based services. To improve and restore functional abilities. Early detection of disease and treatment. Services provided for the purpose of facilitating correction or amelioration of developmental delay and/or disability. Conditions left untreated, would negatively impact the health and quality of life of the child. Dental: Medicaid beneficiaries that have suffered from cancer or trauma to the maxillofacial area are provided access to treatment that can repair and restore normal function.

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Outcome Measures:

BHS: Improved functioning and security for seriously emotionally disturbed children and for mentally ill adults. In addition to improving quality of life, this should lead to a reduction in the costs associated with the treatment of these conditions by increasing community tenure. The occurrence and severity of disabilities will be reduced where possible. Clients will function at an optimal level in the least restrictive level of care. Outcomes include a reduction in hospitalizations and emergency room visits for this populations. Another measure is the extent to which coordination of care exists between public and private providers. Dental: Comparison reports on the number of unduplicated recipients, transactions and expenditures for the Prosthodontic program for previous fiscal years. Beneficiaries will regain the ability to eat, hear, breathe, communicate and return to as normal a life as possible. EI: Recipients will have access to a medical home and more likelihood to obtain medical care. Early detection of genetic disorders will enhance treatment modalities for increased quality of life for Medicaid recipients. Coordination of services and care with public and provide providers. Decrease in hospitalizations and emergency room visits. Total Transactions: 40,796 Cost per Transaction: \$1,219.48 Total Recipients: 4,744 Cost per Recipient: \$10,487

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

898 USC Medicaid Services

Early Intervention: Developmental Evaluation Center (DEC), Sickle Cell Case Management and Neuro Developmental Disorders are a part of community service provision at USC. DEC services are comprehensive assessments performed for the purpose of identifying genetic disorders. Sickle Cell Case Management Services include counseling and case management services to patients with Sickle Cell Disease.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$11,670,368	\$0	\$8,117,908	\$0	\$0	\$3,552,460	0.00

Expected Results:

EI: These array of services will reduce costly hospitalization and provide access to community based services. To improve and restore functional abilities. Early detection of disease and treatment. Services provided for the purpose of facilitating correction or amelioration of developmental delay and/or disability. Conditions left untreated, would negatively impact the health and quality of life of the child.

Outcome Measures:

EI: Recipients will have access to a medical home and more likelihood to obtain medical care. Early detection of genetic disorders will enhance treatment modalities for increased quality of life for Medicaid recipients. Coordination of services and care with public and private providers. Decrease in hospitalizations and emergency room visits. Total Transactions: 5,528 Cost per Transaction: \$1,323.93 Total Recipients: 2,257 Cost per Recipient: \$3,243

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

899 DAODAS Medicaid Services

Provides financial support for alcohol and other drug abuse rehabilitative services to enable DAODAS to ensure the provision of quality services to prevent or reduce the negative consequences of substance use and addictions.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$15,812,355	\$0	\$10,999,074	\$0	\$0	\$4,813,281	0.00

Expected Results:

DAODAS partners with public, private and social sector organizations to provide quality prevention, intervention and treatment services for the Medicaid clients. The ultimate goal of the program is recovery and long-term abstinence from drugs and alcohol.

Outcome Measures:

Clients are treated so they may re-enter society and lead responsible, successful drug and alcohol free lives by using the tools of recovery they receive during treatment. Outcomes include reducing involvement with the criminal justice system, reducing client emergency room visitation. Another measure is the extent to which coordination of care exists between public and private providers. Total Transactions: 154,027 Cost per Transaction: \$87.35 Total Recipients: 9,510 Cost per Recipient: \$1,415

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

900 Continuum of Care

Case Management Services and Wraparound Services are available to Medicaid eligible recipients. These services provide for coordination of care so that all CCEDC clients have planned access to the full array of medically necessary services specifically for emotionally disturbed children.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$10,369,655	\$0	\$7,213,132	\$0	\$0	\$3,156,523	0.00

Expected Results:

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Targeted Case Management services are provided to these children to ensure that their medical, developmental and safety needs are met through coordinated, comprehensive and integrated service delivery. Each client's case manager works to ensure that all needed services are delivered. Wraparound Services are provided to children under 21 years of age who have special emotional/behavioral needs and their families. Specifically, assessment, care planning, referral and linkage and monitoring and follow-up may be provided. These services are provided in order to stabilize or strengthen the child's current placement or prevent out-of-home care. Wrap-Around Services are treatment oriented and goal directed. Without the provision of Wrap-Around Services, such as counseling, therapy, behavioral intervention, or independent living skills, the child may be in jeopardy of placement disruption. Public and private providers provide this service.

Outcome Measures:

Youth will function better at home, at school and in the community. Outcomes include prevention of more costly and restrictive treatment options through adherence to a philosophy of community based, most normative and least restrictive services delivery and the facilitation of permanency through reunification or permanent guardianship. Another measure is the extent to which coordination of care exists between public and private providers. Total Transactions: 34,455 Cost per Transaction: \$244.85 Total Recipients: 530 Cost per Recipient: \$15,918

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

901 Hospital Services

Provides inpatient hospital care to individuals who require specialized institutional and professional services on a continuous basis, generally a 24 hour period. Provides outpatient hospital services that are diagnostic, therapeutic, rehabilitative or palliative items or services generally not to exceed a 24 hour period. This is a mandatory service. Authority for all HHS activities: Federal Law 42CFR Parts 430-498 SC Code 44-6-5 thru 44-6-910.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$698,273,325	\$168,858,330	\$491,283,725	\$5,000,000	\$0	\$33,131,270	0.00

Expected Results:

Provide quality care for individuals requiring acute care or outpatient services based on the severity of the illness.

Outcome Measures:

Total Recipients: 370,390 Total Transactions: 1,098,943

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

902 Hospital Services Administration

Sets policies, procedures & guidelines for delivery of services in acute care hospitals. Conducts prior authorization/prepayment medical review for a variety of services. Supports provider base through claims resolution & processing, policy development, interpretation & clarification.

FY 2007-08						
Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$1,062,856	\$377,269	\$623,331	\$0	\$0	\$62,256	14.09

Expected Results:

To develop fair and equitable Medicaid reimbursement for inpatient and outpatient services for hospitals contracting with the South Carolina Medicaid Program based upon a federally approved rate setting methodology. Maintenance of acute care hospital provider base. Increase in enrollment. Quality health care for Medicaid beneficiaries.

Outcome Measures:

Reviewed 76 hospital cost reports to determine Medicaid inpatient and outpatient cost to charge ratios for use in projecting interim Medicaid inpatient and outpatient cost settlements for DSH hospitals for the period October 1, 2006 through September 30, 2007. Initiated the updating of hospital inpatient and outpatient rates to more closely approximate cost so that most of their reimbursement is received through claims payments and the cost settlement portion is less. This will indirectly increase managed care payments to hospitals.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

903 Nursing Facility Services

Provides nursing, therapy, and personal care services to individuals who do not require acute hospital care, but whose mental or physical condition requires services that are above the level of room and board and can be made available through licensed, certified, and contracted institutional facilities. This service is mandatory for skilled nursing care only. Authority for this activity is contained in 42CFR Parts 430-498, State Law Title 44, 44-6-5 - 44-6-910.

FY 2007-08						
Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$467,281,209	\$138,466,151	\$325,040,809	\$0	\$0	\$3,774,249	0.00

Expected Results:

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

To provide quality appropriate level of care 24 hours a day to beneficiaries in nursing facilities.

Outcome Measures:

Total Recipients: 15,638 Total Days: 3,888,571

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

904 Nursing Facility Administration

Support nursing facility providers participating in the Medicaid program through the following activities: Nurse aide competency, evaluation & monitoring; paid feeding assistant programs; claims resolution & processing; policy development ; interpretation & clarification of regulations; monitor and maintain sanction report; and administers nursing facility contracts. Ensure proper rate setting.

FY 2007-08						
Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$9,132,935	\$1,444,895	\$5,090,399	\$0	\$0	\$2,597,641	10.33

Expected Results:

To maintain a professional relationship with provider base that will promote quality skilled nursing services to beneficiaries. To develop fair and equitable Medicaid reimbursement rates for nursing facilities participating in the South Carolina Medicaid Program based upon a federally approved rate setting methodology.

Outcome Measures:

Performed sanction activities for approximately 35 nursing facilities; Reviewed 64 Nurse Aide Training programs for certification and/or continued compliance; Reviewed compliance material for 5 Paid Feeding Assistant Programs; Monitored activities of the State Quality Improvement Organization; and Participated in Best Practices/Culture Change activities

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

905 Pharmaceutical Services

Provides needed pharmaceuticals for the purpose of saving lives in emergency situations or during short-term illness, to sustain life in chronic or long term illness, or to limit the need for hospitalization. Covered pharmacy services include the provision of most rebated prescription and over-the-counter generic pharmaceuticals. Pharmacy services for institutional care and children are required, all other pharmacy services are optional. Authority for this activity is contained in 42CFR Parts 430-498, State

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Law Title 44, 44-6-5 - 44-6-910.

FY 2007-08						
Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$438,963,971	\$45,098,299	\$303,743,458	\$0	\$0	\$90,122,214	0.00

Expected Results:

Pharmaceutical coverage for Medicaid eligible beneficiaries. Dual eligible now participate in Medicaid Part D plans for their pharmacy benefit. Prior authorization is required for certain drugs according to established criteria in both Medicaid and Medicare programs.

Outcome Measures:

485,376 beneficiaries served; \$706 annual expenditures per beneficiary; 5,636,919 prescriptions provided; \$60.75 per prescription. Total recipients 485,376; Total transactions 5,636,919; Total expenditures \$342,436,967.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

906 Pharmaceutical Services Administration

Provides support to Pharmacy providers participating in the Medicaid program through claims resolution & processing, policy development, interpretation & clarification. Administers the Pharmacy Benefits Manager contract. Supports the Pharmacy and Therapeutics Committee.

FY 2007-08						
Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$414,885	\$147,267	\$243,317	\$0	\$0	\$24,301	5.50

Expected Results:

Maintenance of Pharmacy professional base. Increase in enrollment of pharmacies. Quality health care for Medicaid beneficiaries.

Outcome Measures:

Program policy development, Medicaid Bulletins, Primary interface with Point of Sale Contractor (First Health) and administers the retrospective drug utilization review program.

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

907 Physician Services

Reimburse physicians enrolled in the Medicaid program for services. This is a mandatory service. Authority for this activity is contained in 42CFR Parts 430-498, State Law Title 44, 44-6-5 - 44-6-910.

FY 2007-08						
Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$367,940,637	\$103,933,225	\$255,814,299	\$3,000,000	\$0	\$5,193,113	0.00

Expected Results:

Medicaid eligible persons have access to physician services.

Outcome Measures:

Increase access to care, provide early detection, increase beneficiary utilization, and provide a medical home.
 Total transactions: 5,509,630; Total recipients 549,594; Physician reimbursement rates remain competitive

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

908 Physician Services Administration

Provides support to primary care physicians & over 40 different practice specialty physicians and associated health groups participating in the Medicaid program through claims resolution & processing, policy development, interpretation & clarification, rate setting, and assisting with budget management. This department also manages contracts and programs designed to provide/encourage immunizations, rural health care, and health screenings for children.

FY 2007-08						
Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$912,743	\$323,986	\$535,294	\$0	\$0	\$53,463	12.10

Expected Results:

Maintenance of Physicians and other professionals base. Increase in enrollment of physicians. Quality health care for Medicaid beneficiaries.

Outcome Measures:

Physician reimbursement rates stay competitive.

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

909 Dental Services

Children under the age of 21 are provided a range of preventive and restorative dental services, including a complete dental examination every 6 months. Education for establishing and maintaining good oral health as the preventive aspect of dental services. Adults, age 21 and over, are provided emergency and catastrophic health related dental services. Services for children are mandatory, for adults, only medical and surgical services are mandatory. Authority for this activity is contained in 42CFR Parts 430-498, State Law Title 44, 44-6-5 - 44-6-910.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$102,000,000	\$26,437,167	\$70,951,200	\$0	\$0	\$4,611,633	0.00

Expected Results:

Increase in access to educational measures for the prevention of dental disease, restoration of teeth and maintenance of dental health for Medicaid beneficiaries.

Outcome Measures:

Increase in number of beneficiaries utilizing prevention services and cost containment of dental restorative procedures. Total Transactions: 2,103,652 Cost per Transaction: \$43.73 Total Recipients: 259,375 Cost per Recipient: \$355

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

910 Dental Services Administration

Provides support to dentists participating in the Medicaid program through claims resolution & processing, policy development, interpretation & clarification.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$339,450	\$120,491	\$199,077	\$0	\$0	\$19,882	4.50

Expected Results:

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Maintenance of Dentists base. Increase in enrollment of dentists. Quality health care for Medicaid beneficiaries.

Outcome Measures:

Appropriate action on claims resolution, written correspondence, & provider/beneficiary telephone inquiries.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

911 Community Long Term Care

The Community Long Term Care program provides home and community-based services to Medicaid eligible recipients who are frail and at-risk for institutional placement. There are three different waiver programs that are part of CLTC: 1) Community Choices; 2) HIV/AIDS waiver; and 3) Mechanical Ventilation Waiver. In addition, in-home personal care services for children are available as a state plan service. The CLTC staff members in the regional offices are responsible for providing medical eligibility determinations for waiver and nursing home applicants. This is a SPMP allowable activity at 75/25 federal share. In addition, CLTC provides PASAAR and TEFRA screenings, also at the 75/25 match rate. Finally, staff members perform case management activities, which are considered to be Medicaid services and reimbursable at FMAP rate.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$126,298,848	\$38,978,918	\$86,542,292	\$0	\$0	\$777,638	176.00

Expected Results:

The expected result for all programs is that the combination of home and community-based services will allow individuals the freedom to remain at home in their chosen environment without endangering their health and safety. In addition, this care should be provided at a lower cost to the taxpayers than nursing home and other institutional care.

Outcome Measures:

1) Each waiver program provides an annual report demonstrating that waiver recipients receive quality care at an average cost of less than institutional care. The latest available report shows that the Medicaid cost is slightly over 30% of the cost of nursing home care. The other waivers also produce similar reports showing cost effectiveness. 2) Quality assurance reports are produced to indicate the level of performance in each waiver and to identify any problems in the delivery of services. Total recipients: 16,152 Total Transactions: 3,355,860

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

912 Community Long Term Care Administration

Provides support to CLTC and waiver services providers participating in the Medicaid program through claims resolution & processing, policy development, interpretation & clarification.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$3,449,990	\$910,841	\$2,216,689	\$0	\$0	\$322,460	25.00

Expected Results:

Maintenance of provider base. Increase in enrollment of providers. Quality health care for Medicaid beneficiaries.

Outcome Measures:

Claims resolution, written correspondence, provider/beneficiary telephone inquiries.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

913 Home Health Services

Service provided to eligible Medicaid recipients, affected by illness or disability at his/her place of residence, based on physician's orders and/or a specific plan of care. These services provide part-time or intermittent nursing, aide services and therapies (i.e., physical, speech, or occupational) and supplies, which are ordered by the physician and used during the course of a visit. These services are limited to seventy-five (75) visits per fiscal year. This is a mandatory service. 42CFR Part 484, State Law Title 44, 44-6-5 - 44-6-910.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$12,242,542	\$3,665,750	\$8,376,792	\$200,000	\$0	\$0	0.00

Expected Results:

Reduce the total number of hospital and nursing facility admissions by allowing the client to receive home health services. To improve the patient's level of functioning, to relieve pain, and prevent regression of the patient's stable condition. The plan of care should restrict such care to the minimum number of visits necessary to meet these objectives.

Outcome Measures:

1) There will be a reduction in hospital visits and nursing home admissions for these recipients compared to admissions prior to receiving Home Health. 2) Reimbursement for services will be adequate for the recipient to remain in the home. 3) All contracted providers will maintain compliance with the Medicaid program guidelines, educated in correct billing practices. Number of Transactions: 107,130 Number of Recipients: 6,171 Average

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Number of Transactions per Recipient: 17.36

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

914 Home Health Services Administration

Provides support to Home Health Services providers participating in the Medicaid program through claims resolution & processing, policy development, interpretation & clarification.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$75,433	\$26,775	\$44,239	\$0	\$0	\$4,419	1.00

Expected Results:

Maintenance of provider base. Quality health care for Medicaid beneficiaries.

Outcome Measures:

Claims resolution, written correspondence, provider/beneficiary telephone inquiries.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

915 EPSDT Screening

The Early and Periodic Screening, Diagnostic, and Treatment service (EPSDT) is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. It assures the availability and accessibility of required health care resources and helps Medicaid recipients and their parents or guardians effectively use these resources. This is a mandatory service. Authority for this activity is contained in 42CFR Parts 430-498, State Law Title 44, 44-6-5 - 44-6-910.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$17,685,765	\$5,383,547	\$12,302,218	\$0	\$0	\$0	0.00

Expected Results:

Increased services to children. Decrease in overall costs due to early screening and identification of health issues.

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Outcome Measures:

Parents follow the EPSDT screening schedule. EPSDT screening report shows that 70% of periodic screens are being conducted as indicated. Total Transactions = 240,028; Total Recipients 129,999

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

916 EPSDT Screening Administration

Provide support and assistance to physicians who participate in the Early and Periodic Screening, Diagnostic, and Treatment service (EPSDT).

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$120,692	\$42,841	\$70,782	\$0	\$0	\$7,069	1.60

Expected Results:

Maintenance of provider base. Increase in provider enrollment. Quality health care for Medicaid beneficiaries.

Outcome Measures:

Ensures that health care needs are assessed by initial and periodic examinations and evaluations, also assures that the health problems found are diagnosed and treated early.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

917 Medical Professional Svcs.

Reimburse optometrists, opticians, podiatrists, audiologists, chiropractors, speech therapists, physical and occupational therapists participating in the Medicaid program for services. Only services of nurse practitioners and midwives are mandatory, all other practitioner services in this category are optional. Authority for this activity is contained in 42CFR Parts 430-498, State Law Title 44, 44-6-5 - 44-6-910.

FY 2007-08

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$35,866,177	\$10,917,664	\$24,948,513	\$0	\$0	\$0	0.00

Expected Results:

Medicaid eligible persons have access to services.

Outcome Measures:

Maintenance of provider base. Increase in provider enrollment. Quality health care for Medicaid beneficiaries.
 Total recipients: 175,805 Total transactions: 761,763

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

918 Medical Professional Svcs. Administration

Supports optometrists, opticians, podiatrists, audiologists, chiropractors, speech therapists, physical and occupational therapists participating in the Medicaid program through claims resolution & processing, policy development, interpretation & clarification.

FY 2007-08						
Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$196,125	\$69,616	\$115,022	\$0	\$0	\$11,487	2.60

Expected Results:

Maintenance of provider base. Increase in provider enrollment. Quality health care for Medicaid beneficiaries.

Outcome Measures:

Physician reimbursement rate remains competitive.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

919 Transportation Services

Reimburse transportation providers participating in the Medicaid program for services. This is a mandatory service. Authority for this activity is contained in 42CFR Parts 430-498, State Law Title 44, 44-6-5 - 44-6-910.

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$60,138,113	\$18,056,206	\$41,831,907	\$250,000	\$0	\$0	0.00

Expected Results:

Medicaid eligible persons have access to services.

Outcome Measures:

Medicaid Transportation conducts a comparison of year-end, program wide results on a number of key indicators: expenditures, number of trips, unduplicated beneficiaries served, documentation deficiencies and quality assurance deficiencies. Service criteria also include the percentage of pick-ups and deliveries completed on time, safety, reliability, waiting times and access to bi-lingual services. Another measure is the extent to which coordination of care exists between public and private providers.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

920 Transportation Services Administration

Medicaid Transportation Program provides support for emergency and non-emergency transportation to and from medical services to eligible beneficiaries. The transportation program assures the delivery of and reimbursement for transportation services including disabled persons by Ambulance, Individual, Contractual and Out-of-State arrangements during regular, after hour and for emergency services.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$414,885	\$147,267	\$243,317	\$0	\$0	\$24,301	5.50

Expected Results:

All transportation except emergencies must be prior authorized, if it is provided by an enrolled provider, and must be the least expensive and most appropriate method of transportation available. DHHS contracts with two (2) Broker companies to maximize the beneficiaries access to transportation services and minimize the beneficiaries waiting and riding times.

Outcome Measures:

Medicaid Transportation conducts a comparison of year-end, program wide results based on expenditures, number of trips, unduplicated beneficiaries served, documentation deficiencies and quality assurance deficiencies. Service criteria also include the percentage of pick-ups and deliveries completed on time, safety, reliability, waiting times and access to bi-lingual services. Another measure is the extent to which coordination of care exists between public and private providers.

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

921 Lab and X-Ray Services

Reimburse providers for lab and x-ray services. This is a mandatory service. Authority for this activity is contained in 42CFR Parts 430-498, State Law Title 44, 44-6-5 - 44-6-910.

FY 2007-08						
Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$42,255,132	\$12,862,462	\$29,392,670	\$0	\$0	\$0	0.00

Expected Results:

Medicaid eligibles have access to services.

Outcome Measures:

Increase access to care by providing coverage for procedures proven to be best practice for the detection and prevention of disease. Total recipients: 256,865 Total transactions: 1,816,875

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

922 Lab and X-Ray Services Administration

Provides support to lab and x-ray providers participating in the Medicaid program through claims resolution & processing, policy development, interpretation & clarification.

FY 2007-08						
Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$120,692	\$42,841	\$70,782	\$0	\$0	\$7,069	1.60

Expected Results:

Maintenance of provider base. Increase in enrollment. Quality health care for Medicaid beneficiaries.

Outcome Measures:

Reimbursement for services will be adequate to maintain an appropriate provider base.

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

923 Family Planning Services

Family planning services are available to all Medicaid recipients and include all medical and counseling services related to alternatives of birth control and pregnancy prevention services prescribed and rendered by physicians, hospitals, clinics, pharmacies and other practitioners and other Medicaid providers. Family planning services are a mandatory service, Authority for this activity is contained in 42CFR Parts 430 498, State Law Title 44,44-6-5 - 44-6-910. The State also participates in a Research and Demonstration Project with the Centers for Medicare and Medicaid that is referred to as the family Planning Waiver (FPW). Under The FPW, the state reimburses providers for Family Planning Services for women of reproductive age with income at or below 185% of the Federal Poverty Level (PVL). The FPW targets two population groups: (1) postpartum women who transition to the waiver from the Optional Coverage for Women and Infants (OCWI) may receive 12 months of family planning eligibility.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$23,899,160	\$2,379,916	\$21,509,244	\$0	\$0	\$10,000	0.00

Expected Results:

Medicaid eligible persons have access to services that will reduce the number of unintended and unwanted pregnancies resulting in births reimbursed under the SC Medicaid program. The goals are as follows: 1. Assure that all women who want and need publicly supported family planning services receive such services. 2. Increase the age at first birth among all women eligible for family planning services under the waiver. 3. Reduce the number of unintended and unwanted pregnancies among women eligible for Medicaid. 4. Reduce Medicaid expenditures for unintended and unwanted pregnancies by investing in family planning preventative services for women at or below 185% of poverty. 5. Promote partnership with community health centers for primary medical care homes for waiver participants.

Outcome Measures:

The demonstration project known as the FPW is required to be budget neutral and requires evaluation in the same format as other state's FPWs. The state employs an outside evaluator to determine cost effectiveness based upon the projected number of unplanned, unintended pregnancies and the associated costs that are diverted based upon FP services delivered to eligible beneficiaries. Quarterly and annual reports are available specific to this project. There is no formal outcome measurement associated with the delivery of routine family planning services delivered to the general Medicaid population.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

924 Family Planning Services Administration

Provides support to family planning providers, including Adolescent Pregnancy Prevention Services, participating in the Medicaid program through claims resolution & processing, policy development, interpretation & clarification.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$188,583	\$66,939	\$110,599	\$0	\$0	\$11,045	2.50

Expected Results:

Maintenance of provider base. Increase in enrollment. Quality health care for Medicaid beneficiaries. Decreased number of unplanned/mistimed pregnancies. Increased use of appropriate family planning.

Outcome Measures:

Claims resolution, written correspondence, provider/beneficiary telephone inquiries.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

925 Medicare Premium Payments

Medicaid pays the Medicare premiums for recipients identified by Medicare. Medicare sends a tape with the recipients information, which is then interfaced through Automated Claims Processing. Medicaid also pays premiums, deductibles, and co-insurance for recipients eligible for enrollment in employer-based group health plans. This is a mandatory service. Authority for this activity is contained in 42CFR Parts 430-498, State Law Title 44, 44-6-5 - 44-6-910.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$174,570,302	\$60,298,791	\$109,605,902	\$0	\$0	\$4,665,609	0.00

Expected Results:

Reduction in expenditures due to payment of premiums rather than medical claims.

Outcome Measures:

Total Recipients: 147,898 Total Transactions: 1,596,963

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

926 Hospice Care

Service provided to eligible Medicaid recipients who have been certified as being terminally ill. An individual is considered to be terminal if the individual has a medical prognosis that his/her life expectancy is six (6) months or less if the disease runs its normal course. Services provided will include nursing, medical social services, physician, counseling, medical appliances including drugs and biologicals, aide, homemakers and therapy services. Continuous home care is provided only during a period of crisis. This is an optional service. 42CFR Part 418, State Law Title 44, 44-6-5 - 44-6-910.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$35,299,747	\$10,745,243	\$24,554,504	\$0	\$0	\$0	0.00

Expected Results:

The Medicaid Hospice program, through analytical review of Federal Regulations, will support Medicaid hospice and end of life care providers. Hospice provider claims are paid appropriately and correctly. Hospice providers are reimbursed competitive, MSA adjusted rates effective on the first day of the Federal FY. Completion of the Medicaid Data Summary Report reflects saturated statewide coverage.

Outcome Measures:

1) There will be a reduction in hospital visits and nursing home admissions for these recipients compared to admissions prior to receiving Hospice. 2) Reimbursement for services will be adequate for the recipient to remain in the home. 3) All contracted providers will maintain compliance with the Medicaid program guidelines, educated in correct billing practices. Total Recipients: 2,769. Total Transactions: 16,063

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

927 Hospice Care Administration

Program staff provide oversight to the Hospice program claims resolution & processing, policy development, interpretation & clarification. Administrative staff enters hospice election, discharge, and revocation data into the Medicaid Management Information System (MMIS) Recipient Special Program (RSP) in order for providers to receive timely payment. Staff provide programmatic technical assistance for newly contracted providers and annually determine reimbursement rates by MSA adjustments of CMS mandated rates. Staff collect annual Medicaid Client Data Summaries from each provider to analyze and compile for a statewide utilization report.

FY 2007-08

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$75,433	\$26,775	\$44,239	\$0	\$0	\$4,419	1.00

Expected Results:

The Medicaid Hospice program, through analytical review of Federal Regulations, will support Medicaid hospice and end of life providers. Hospice provider claims are paid appropriately and correctly. Since the hospice providers are reimbursed competitive, MSA adjust rates effective on the first day of the Federal FY. Completion of data summary reflects appropriate statewide utilization of services.

Outcome Measures:

Claims resolution, written correspondence, provider/beneficiary telephone inquiries.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

928 Optional State Supplemental

Optional State Supplementation is designed to provide a monthly entitlement payment on behalf of an eligible aged, blind, or disabled individual who lives in a licensed community residential care facility that is enrolled with SCDHHS to participate in the OSS program. Regulatory authority for this program is found at Title XVI, Section 1616(a) of the Social Security Act, 42 CFR Part 435.230, SC State Regulations, Chapter 114, Article 19.

FY 2007-08						
Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$19,800,000	\$19,800,000	\$0	\$0	\$0	\$0	0.00

Expected Results:

A monthly payment is made to the CRCF for the actual number of days that the resident received room and board from the facility as indicated on the monthly billing document submitted by the facility.

Outcome Measures:

Total Recipients: 4,954 Total Transactions: 46,898

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

929 Optional State Supplemental Administration

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Provides support to Residential Care Facilities participating in the Medicaid program through claims resolution & processing, policy development, interpretation clarification and sanctioning.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$226,301	\$80,327	\$132,718	\$0	\$0	\$13,256	3.00

Expected Results:

To determine the aggregate annual cost increase incurred by providers rendering services under the South Carolina Optional State Supplement Program. Maintenance of provider base. Increase in enrollment. Quality health care for Medicaid beneficiaries. Sanctioning to ensure quality facilities provide quality care.

Outcome Measures:

Rate Setting - Reviewed 219 F06 residential care facility cost reports to determine the aggregate annual cost increase incurred by the providers participating in the Optional State Supplementation Program.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

930 Integrated Personal Care

SCDHHS/IPC nurses conduct nursing assessments, review and approve appropriate care plans, monitor provision of personal care and provide educational support to contracted facilities.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$2,207,227	\$671,880	\$1,535,347	\$0	\$0	\$0	0.00

Expected Results:

Care plans will meet the needs of residents; aides trained and determined competent to provide personal care services will deliver appropriate services. Unlicensed staff will be trained and monitored by licensed nurses employed by contracted facilities.

Outcome Measures:

Residents will be clean, well groomed and appropriately dressed. Incontinence care will be provided and/or toileting plans will be implemented, when needed. Residents will be appropriately placed. Facilities: 51
 Recipients: 820

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

931 School for the Deaf and Blind

SBS/EI: The services are delivered based on medical necessity and individual treatment plans. These services include physical therapy, audiology, occupational therapy, speech therapy, nursing services, targeted case management services, and family training for the purpose of evaluating and treating disorders in children with the optimal goal of improving function. BHS: Financial support is provided for the provision of Wraparound services provided to deaf and blind children who are emotionally/behaviorally disturbed.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$4,827,698	\$0	\$3,358,147	\$0	\$0	\$1,469,551	0.00

Expected Results:

SBS: Identifying, coordinating and treating of medical conditions to increase level of functioning. EI: Early Intervention: Will provide assurance of timely access to community services and programs that can best meet the individuals needs. Family Training, trains parents/caregivers in the use of developmentally appropriate activities to enhance their child's development and family supports assure that each person receives needed services in a supportive, effective, efficient, and cost effective manner. BHS: Wraparound Services are provided to children under 21 years of age who have special emotional/behavioral needs and their families. Specifically assessment, care planning, referral and linkage and monitoring and follow-up may be provided. These services are provided in order to stabilize or strengthen the child's current placement or prevent out of home care. Wraparound services are treatment oriented and goal directed. Without Wraparound Services, such as counseling, therapy, behavioral intervention, or independent living skills, the child may be in risk of placement disruption.

Outcome Measures:

SBS: Increase access to care, provide early detection, increase beneficiary utilization of prevention services and early detection. Another measure is the extent to which coordination of care exists between public and private providers. EI: Early detection of genetic disorders will enhance treatment modalities for increased quality of life for Medicaid recipients. Coordination of services and care with public and private providers. Outcomes are developed in conjunction with the families based on mutually identified needs. SBS: youth will function better at home, at school and in the community. Outcomes include prevention of more costly and restrictive treatment options through adherence to a philosophy of community based, most normative and least restrictive services delivery and the facilitation of permanency through reunification or permanent guardianship. Another measure is the extent to which coordination of care exists between public and private providers. Total Transactions: 49,951 Cost per Transaction: \$74.29 Total Recipients: 902 Cost per Recipient: \$4,114

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

932 DSS Medicaid Services

Behavioral Health Services: Specialized Foster Home Services (SHFS) and Medical Therapeutic Foster Care home services are residential services provided in specially recruited, professionally supervised therapeutic foster homes, providing mental health and rehabilitative treatment programs for Medicaid eligible children. Early Intervention: The Medically Fragile Foster Parent Training Service assist foster parents of medically fragile children to manage their health care needs.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$37,444,251	\$0	\$26,046,221	\$0	\$0	\$11,398,030	0.00

Expected Results:

BHS: Specialized Foster Home Services (SHFS) and Medical Therapeutic Foster Care home services provide mental health and rehabilitative treatment programs for Medicaid eligible children in specially supervised homes. EI: Continuity of care, provides access to community based services and reduces costly hospitalizations. This service supports placement of children in foster care and leads to longevity of placement.

Outcome Measures:

BHS: Outcomes include prevention of more costly and restrictive treatment options through adherence to a philosophy of community based, most normative and least restrictive services delivery. Another measure is the extent to which coordination of care exists between public and private providers. EI: Quality of life, children remain in a natural environment and move from foster care to adoption more readily. Coordination of services and care with public and private providers. Total Transactions: 57,062 Cost per Transaction: \$310.10 Total Recipients: 6,883 Cost per Recipient: \$2,571

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

933 DJJ Medicaid Services

Behavioral Health Services: Financial support is provided for the provision of mental health and rehabilitative services to clients of DJJ who are emotionally disturbed and who are residing in the community. All services are based on medical necessity and an individualized treatment plan. Support for mental health and rehabilitative residential services is also provided under some circumstances.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$43,676,472	\$0	\$30,381,354	\$0	\$0	\$13,295,118	0.00

Expected Results:

SCDJJ makes available to Medicaid eligible children under age 21 mental health and rehabilitative services based

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

on an individualized treatment plan and documented medical necessity. Services will enhance community safety and well-being as re-offense rates drop and children are able to improve functioning at home, in school and in the community.

Outcome Measures:

Due to treatment for serious emotional disturbance, a decrease is anticipated in involvement with the juvenile justice system. Community tenure for these clients is expected to increase as a result of treatment. Another measure is the extent to which coordination of care exists between public and private providers. Total Transactions: 47,173 Cost per Transaction: \$470.55 Total Recipients: 7,547 Cost per Recipient: \$2,941

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

934 Dept of Education Medicaid

Financial support is provided to Medicaid eligible children under 21 to include emotionally disturbed children. The services are delivered based on medical necessity and individual treatment plans. These services include physical therapy, community-based wraparound services, therapeutic behavioral services, psychosocial rehabilitation services, audiology, Medicaid adolescent pregnancy prevention services, occupational therapy, speech therapy, nursing services and psychological testing services provided in local school districts for the purpose of evaluating and treating disorders in children with the optimal goal of improving function. Nursing Services for Children under 21 involves the provision of specialized health care services to children needing primary health care services.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$62,533,742	\$0	\$43,498,471	\$0	\$0	\$19,035,271	0.00

Expected Results:

BHS: Each school district determines which of these services will be offered to Medicaid eligible emotionally disturbed children. Services are provided to integrate therapeutic interventions with education to reduce maladaptive behaviors and foster healthy family relationships. Certain services are designed to prevent child maltreatment and increase the families' enhanced ability to meet the therapeutic needs of the child. Other services prevent more costly and restrictive treatment options and assist children in functioning successfully within their home and school environments. School Based: Identifying, coordinating and treating of medical conditions to increase level of functioning.

Outcome Measures:

BHS: Anticipated outcomes include improved functioning and performance in school, at home and in the community. Other measures evaluate whether children that received these services are residing with a consistent, stable caregiver, whether children receiving these services remain in a regular day care or school program after discharge and whether there are fewer attendance problems, suspensions and other disciplinary actions. SBS: Increase access to care, provide early detection, increase beneficiary utilization of prevention services and early detection. Another measure is the extent to which coordination of care exists between public and private providers. Total Transactions: 1,904,514 Cost per Transaction: \$28.69 Total Recipients: 101,026 Cost per

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Recipient: \$541

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

935 Commission for the Blind

EI: Case management services are available to Medicaid eligible sensory impaired individuals, to include low vision services and low vision aids to Medicaid eligible children 5-10 years old.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$312,428	\$0	\$217,325	\$0	\$0	\$95,103	0.00

Expected Results:

EI: To ensure that follow up monitoring will take place in schools and in homes to assure maximum use of devices/aids to maximum the use of any remaining sight.

Outcome Measures:

EI: Enhanced treatment modalities for increased quality of life. Coordination of services and care with public and private providers. Total Transactions: 66 Cost per Transaction: \$61.30 Total Recipients: 53 Cost per Recipient: \$76

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

936 Emotionally Disturbed Children

Financial support is provided to ensure coordinated, comprehensive access to services for ISCEDC children.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$85,273,325	\$13,000,000	\$50,273,325	\$0	\$0	\$22,000,000	0.00

Expected Results:

Access to services is enhanced by arranging needed care and services, monitoring the cases on an on-going basis,

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

providing crisis assessment and referral services and providing needed follow-up and communicating regularly with other involved agencies/providers. Specifically, assessment, care planning, referral and linkage and monitoring and follow-up are among the services that may be provided. These services are designed to address therapeutic placements of emotionally disturbed children in SC, the quality of treatment services, the avoidance of more costly and restrictive treatment options, adherence to a philosophy of community based, most normative and least restrictive services delivery and the facilitation of permanency through reunification or permanent guardianship are outcomes.

Outcome Measures:

Improved functioning and security for seriously emotionally disturbed children. In addition to improving quality of life, this should lead to a reduction in the costs associated with the treatment of these conditions by increasing community tenure. The occurrence and severity of disabilities will be reduced where possible. Clients will function at an optimal level in the least restrictive level of care. Functioning will improve at school, at home and in the community. Another measure is the extent to which coordination of care exists between public and private providers. Total Transactions: 91,477 Cost per Transaction: \$712.47 Total Recipients: 2,140 Cost per Recipient: \$30,456

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

937 Disproportionate Share

The South Carolina Medicaid Disproportionate Share Program (DSH) provides qualifying DSH hospitals with funding that allows the hospitals to recover a portion or all of its uncompensated Medicaid HMO and uninsured patient costs. The program also allows DSH hospitals to receive 100% of its allowable Medicaid inpatient and outpatient costs through retrospective cost settlements. Administrative costs associated with the Disproportionate Share Program are included in the Hospital Administration line.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$922,337,474	\$21,292,776	\$641,577,947	\$0	\$0	\$259,466,751	0.00

Expected Results:

To establish fair DSH qualification criteria and equitable Medicaid DSH payments for DSH qualifying hospitals contracting with the South Carolina Medicaid Program based upon a federally approved DSH payment methodology. To establish Medicaid reimbursement for DSH qualifying hospitals at 100% of allowable Medicaid costs for inpatient and outpatient services based upon a federally approved payment methodology.

Outcome Measures:

Developed new DSH criteria that allows all SC general hospitals eligible to participate in the SC Medicaid DSH Program. Developed and implemented a new state funding match source for DSH and Medicaid interim cost settlements by increasing the current hospital provider tax.

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

938 Other Entities Medicaid Ser

Payments made to private providers, with matching funds provided by other state agencies and public entities. Other payment adjustments that are not directly associated with a specific service line.

FY 2007-08						
Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$27,658,755	\$0	\$19,239,430	\$0	\$0	\$8,419,325	0.00

Expected Results:

Medicaid eligible persons have access to services.

Outcome Measures:

Total Recipients: 7,180 Total Transactions: 75,554

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

939 Palmetto Senior Care

PACE is a Medicaid State Plan program of comprehensive care that allows the frail elderly to live in their communities. PACE serves individuals age 55 and older who meet nursing home level of care at Day Health Centers in specific counties, and who can be safely cared for in the community. *PACE is a national program with benefits under Medicare and an optional state benefit under Medicaid that focuses entirely on older people who are frail enough to meet their state's standards for nursing home care. The program brings together all the medical, functional and social services needed for someone who otherwise might be in a nursing home.

FY 2007-08						
Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$12,858,272	\$3,914,058	\$8,944,214	\$0	\$0	\$0	0.00

Expected Results:

Under the terms of the program, PACE is required to be a cost-effective alternative to nursing home care, providing total care at less than the average cost compared to the nursing home rate. *A team of health professionals assesses

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

the participant's needs, develops a comprehensive plan of care and provides for total care. Generally, services are provided in an adult day health center, but also may be given in the participant's home, a hospital, long-term care facility, or in a nursing home. There is no co-pay, deductible or limit on services as authorized by the Interdisciplinary Team. Enrollment is voluntary, and once enrolled, PACE becomes the sole source of all Medicare and Medicaid covered services, as well as any other items or medical, social or rehabilitation services the PACE interdisciplinary team determines an enrollee needs. If a participant requires placement in a nursing home, PACE is responsible and accountable for the care and services provided and regularly evaluates the participant's condition.

Outcome Measures:

PACE operates under a risk-based capitated reimbursement methodology and receives a fixed monthly payment from Medicare and Medicaid for each participating beneficiary, depending on their Medicare and Medicaid eligibility. The payments remain the same during the contract year, regardless of the services a participant may need. Overall costs must remain less than the average cost compared to the nursing home rate. The Medicaid payment rate is calculated to ensure it is below the nursing home all-inclusive rate. Total Transactions: 4,419 Cost per Transaction: \$2,177 Total Recipients: 440 Cost per Recipient: \$21,867

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

940 MUSC Maxillofacial Services

Special line item which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissue of the oral and Maxillofacial regions.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$250,000	\$250,000	\$0	\$0	\$0	\$0	0.00

Expected Results:

Eligible persons have access to these services.

Outcome Measures:

Services are performed in accordance with established procedures.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

941 Other Agencies Administration

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Provides support to Other Agencies participating in the Medicaid program through claims resolution & processing, policy development, interpretation & clarification. Administers State Agency Contracts.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$72,374,894	\$3,015,827	\$39,854,734	\$0	\$0	\$29,504,333	26.00

Expected Results:

- Maintenance of Other Agencies professionals base- Increase in enrollment of providers- Quality health care for Medicaid beneficiaries.

Outcome Measures:

Claims resolution, written correspondence, and provider/beneficiary telephone inquiries.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

942 Medicaid Eligibility

Medicaid Eligibility determination is the primary activity of the 46 county offices of DHHS and the Central Eligibility Processing Division. All applicants for the SC Medicaid program must complete and submit a Medicaid application by mail or in person to an office of DHHS. The DHHS office staff approves or denies applications based on a combination of state and federal income and resource requirement and guidelines. Once approved, individuals are eligible to receive covered medical services, including hospital and doctor visits and prescriptions from an enrolled Medicaid provider until determined to no longer meet program requirements.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$47,495,703	\$11,499,868	\$27,067,389	\$0	\$0	\$8,928,446	508.00

Expected Results:

Medicaid eligibility is expected to be determined in an accurate and timely manner. Eligibility staff in the local offices located in each of the 46 counties and the Central Processing Division are expected to provide Medicaid eligibility information and Medicaid applications to the general public; make initial eligibility determinations and re-determinations within 45 days of receipt of a signed application or renewal form (up to 90 days for disability determinations); and accurately and efficiently approve or deny eligibility.

Outcome Measures:

Outcome is measured by timely and accurate determination and redetermination of eligibility for Medicaid, including State Children's Health Insurance Program (SCHIP), Optional State Supplementation (OSS), Family Planning Waiver (FPW), and GAP Assistance Pharmacy Program for Seniors (GAPS). The timeliness standard

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

for determining eligibility is 45 days, 90 days for cases involving a determination of disability. Key indicators are a 97% accuracy rate for determining eligibility; determinations made within 45 days or 90 days for disability cases; and timely annual re-determination of eligibility so that beneficiaries who re-qualify remain eligible and continue to receive services and those who no longer qualify for Medicaid are promptly removed from the program.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

943 Medicaid Eligibility Support

The Medicaid Eligibility Determination System (MEDS) is used to determine and track eligibility. MEDS assists in determining eligibility and in the tracking of applications, reviews, notices and other processes related to Medicaid eligibility. MEDS User Services provides Help Desk support for MEDS, defines system enhancements, and resolves user problems. The MEDS Department of Interfaces is responsible for problem resolution, system enhancements, and responding to SSI and Buy-In beneficiaries regarding eligibility issues. Two toll free hotlines operate within the agency: 1) offers recipients the opportunity to determine how and from what provider they wish to receive services; either through a managed care option or a fee for service option. 2) offers eligibility information and eligibility and claims problem resolution to the 800,000 plus recipients of Medicaid. The Policy and Oversight bureau develops and revises statewide policies and procedures, as appropriate, to ensure compliance with state and federal requirements. This includes statewide policies to add new groups of recipients. The area maintains forms and brochures, training modules for each program, and responds to beneficiary, Legislative and non-legislative written and email correspondence and manages the quality assurance activities for the eligibility process.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$2,706,416	\$870,016	\$1,429,242	\$0	\$0	\$407,158	53.25

Expected Results:

The Medicaid Eligibility Determination System (MEDS) is used to determine and track eligibility. MEDS assists in determining eligibility and in the tracking of applications, reviews, notices and other processes related to Medicaid eligibility. The Division of MEDS in the Bureau of Information Systems has application analysts that work closely with Clemson University staff where MEDS is housed and with staff from the Bureau of Program Support and eligibility staff to identify, design, test and implement needed or required enhancements to the MEDS. These enhancements are documented and prioritized through a System Request (SR) Process.

Outcome Measures:

Help Desk reports are run periodically to determine timeliness standards. Almost 94% of calls are resolved within 1 day. Another report identifies why a call was made. The call description report is monitored as well. Other DH reports identify the number of outstanding calls or calls that have been closed within a certain time period. System enhancements are identified and placed on an enhancement spreadsheet and are monitored closely by agency and contractor staff bi-weekly. Enhancements are worked according to their priority level. Interface supervisors closely monitor alert activity to ensure alerts are handled in a timely manner. Each worker is responsible for resolving a particular type of alert. Buy-In manual accretions are performed by each staff

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

member. Outcome measures are based on accurately determining eligibility within the required timeframes.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

944 Automated Claims Processing

The Medicaid Management Information System (MMIS) is used to enroll providers, adjudicate claims, pay providers, report costs and utilization, and enroll recipients into special programs. Medicaid Reporting: MMIS Federal Reporting: 1. Coordinate the submission of Medicaid statistical information related to payments and eligibles to CMS for inclusion in the national MMIS database and coordinate the creation of data needed for federal SCHIP reporting which summarize SCHIP enrollment for SC. 2. Coordinate standardized agency report that includes data on payment, claims, beneficiaries, providers, and services. 3. Oversight and maintenance of Medicaid Decision Support System which houses statistical information related to Medicaid. MMIS System Support: manages the development and maintenance of state policies, procedures and standards for pricing, procedures, provider enrollment, fund codes, and edit codes; establishes system priorities

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$36,889,051	\$6,476,027	\$27,902,672	\$0	\$0	\$2,510,352	30.00

Expected Results:

Medicaid claims are adjudicated and payment is made to the Medicaid provider of service for the enrolled recipient for which the service was performed. The Medicaid Management Information System (MMIS) is used to adjudicate and pay Medicaid providers for services rendered and billed for Medicaid recipients. The Division of MMIS in the Bureau of Information Systems has application analysts and data coordinators that work closely with Clemson University staff where MMIS is housed and with staff from the Bureau of Program Support and program staff to identify, design, test and implement needed or required enhancements to the MMIS. These enhancements are documented and prioritized through a System Worksheet (SW) Process.

Outcome Measures:

Outcome measures are based on correctly processing claims and reimbursing providers. Medicaid has 30 days from receipt of the claim to return a status of paid or rejected on the claim. The actual average for processing a claim is less than 14 days. Contract Monitoring staff monitor and audit functions of the Manpower Services and Clemson University contracts to ensure timeliness standards are met.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

945 Special Projects

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

SC Information Referral Network (\$336,000), Palmetto Health (\$150,000), Chronic Kidney Disease Initiative (\$200,000) and Federally Qualified Community Health Centers (\$1,100,000), Group Home Reimbursements (\$2,956,636) and Shared Care (\$500,000)

FY 2007-08						
Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$5,167,636	\$1,811,000	\$2,056,636	\$1,300,000	\$0	\$0	0.00

Expected Results:

Pass through funds

Outcome Measures:

Pass through funds

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

946 Audits/Compliance

Bureau of Compliance and Performance Review, with 3 divisions: Program Integrity, Audits, and SURS. Code of Federal Regulations (42 CFR 455.12 - 455.21) requires the state Medicaid agency to have methods and criteria for identifying and investigating cases of Medicaid fraud and abuse. The Division of Program Integrity conducts desk audits, on-site reviews, and preliminary fraud investigations of Medicaid beneficiaries and providers, and refers suspected fraud cases to the Attorney General's Office. Cases of suspected fraud and abuse are identified through complaints, the Fraud Hotline, and on-going data analysis conducted as part of the agency's Surveillance and Utilization Review System (SURS). The Division of Audits monitors compliance with Medicaid contracts; reviews State Agencies' claims for Medicaid reimbursement; audits Medicaid cost reports, and reviews internal controls. Eligibility Quality Assurance, also required under 42 CFR, monitors the accuracy of eligibility determinations; communicates findings to eligibility staff for corrective measures and reports error findings to CMS.

FY 2007-08						
Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$2,473,525	\$927,425	\$1,379,850	\$0	\$0	\$166,250	30.00

Expected Results:

Improved identification and increase in investigations of abusive and excessive Medicaid billings by health care providers; decrease in inappropriate use of Medicaid funds by state agencies; reduction in excessive and inappropriate use of prescription drugs and other benefits by Medicaid beneficiaries; development of a Medicaid payment accuracy rate. Improvement in cost savings by increasing recoupments and avoiding future inappropriate costs. To determine the number and types of errors made by agency staff when determining initial and continuing

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

eligibility; and to report error findings to the Centers for Medicare and Medicaid Services and agency management.

Outcome Measures:

Results for FY 07. Program Integrity: Opened 404 new cases on providers and beneficiaries for fraud and abuse investigations; closed a total of 346 cases. Refund of Medicaid dollars from healthcare providers increased about 18% from FY 06; refunds from beneficiaries increased 84%. Recoveries due to global pharmaceutical and other healthcare provider settlements increased 41%. Division of Audits: Released 2 new audits and substantially completed 2 more, reviewing a total of \$60,304,216 in Medicaid funds reimbursed to other state agencies and contractors. Developed audit manual and successfully underwent quality assurance review to validate compliance with government auditing standards. Developed audit protocols for review of agency cost reports. Reviewed claims for targeted case management from state agencies in response to DRA. Division of SURS: Used new Medstat data mining tools to create claims analysis that resulted in about 9 new fraud and abuse investigations and 3 fraud referrals to the Attorney General's Office.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

947 Internal Information Technology

Support agency information technology; Information Technology Helpdesk; PC Software applications; Document imaging; Network support and Security.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$2,326,177	\$911,369	\$1,241,521	\$0	\$0	\$173,287	26.00

Expected Results:

Advance the effective and efficient utilization of Information Technology in support of the Agency mission; Resolution of user request in a timely manner relative to the size and complexity of the problem; duration of development in days within applicable security policies and user satisfaction; Ensure quality, security, verification, and storage of designated Agency documentation through electronic imaging services; Maintain network availability during normal hours of operation; Ensure the policy and procedures relative to data security and integrity are published and maintained.

Outcome Measures:

Network availability statistics; Helpdesk call response time statistics; applications developed and maintained; up to date policies and procedures; quality and number of documents imaged.

Agency: J02 - Health & Human Services Finance

Functional Group: Health

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Commission

948 Agency Administration

Agency administration includes Financial Management, Rate Setting, Human Resources, Public Information, Procurement and Support Services, Civil Rights Management, Contracts Management, Appeals and Hearings, Security and Building Maintenance, and Legal Services. Financial Management develops, implements, and manages the agency budget; directs all aspects of the agency's financial accounting operations; provides financial and fiscal impact analysis and consultation on Medicaid issues agency director, staff, Governor's Office, General Assembly, State Budget Office, and other external entities. Rate Setting develops and adjusts reimbursement rates for health care providers. Human Resources manages the personnel functions of the agency in the areas of classification, compensation, recruitment, benefits, employee relations, training, and development. Public Information provides answers to questions presented to the agency by the general public, the news media, and elected officials. It provides legislative liaison, assures agency compliance with the Freedom of Information Act, and helps the agency meet federal mandates that all Medicaid policy changes receive a recommendation from the South Carolina Medical Care Advisory Committee. It accomplishes its activities in person, over the telephone, by letter, through the news media, and via the Internet. Procurement and Support Services: Responsible for coordinating and evaluating procurements and contractual arrangements for the agency. Administers the agency policies related to postal, supply, fleet, and property management. Contracts Management: Directs the solicitation, development and management of contracts and Medicaid Services that legally bind DHHS and the provider based upon state and federal regulations. Appeals and Hearings: To provide fair hearings to Medicaid applicants and recipients who have received a negative decision from the Department that they believe is the result of error of fact or law. Provides fair hearings to providers who have a dispute with the Department over payment of claims, contract termination, nursing home reimbursement rates, etc. Provides fair hearings to any resident of a Title XIX facility that has proposed transfer or discharge of the resident.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$13,539,241	\$5,304,523	\$7,226,131	\$0	\$0	\$1,008,587	151.33

Expected Results:

The agency maintains appropriate levels of accountability and control over its financial assets, pays bills promptly, and complies with applicable laws, regulations and policies. Prompt and accurate responses to financial data requests provided in a clear and understandable format. Rate Setting: (1) - To develop fair and equitable Medicaid reimbursement rates for all non-institutional Medicaid services based upon a federally approved rate setting methodology, as well as review budgets for agency administrative contracts for compliance with state and federal regulations concerning allowable costs. (2) - To oversee the development of fair and equitable Medicaid reimbursement methodologies that adequately reimburses Medicaid providers, comply with applicable state and federal regulations, and limit expenditures within the appropriated dollars. Human Resources complies with all State and Federal human resources laws and regulations. Procurement and Support Services: Procurements will be completed in accordance with SC Consolidated Procurement Code. Accountability of property management, postal, and supply is ensured. Contracts Management: Medicaid contracts are completed based upon the SC Consolidated Procurement Code, state and federal regulations. Appeals and Hearings: To provide fair hearings in accordance with the federal and state laws and regulations and to render decisions based on the facts and applicable law/policy outcome to ensure eligible citizens receive the services they are entitled to and providers are reimbursed correctly.

Outcome Measures:

Rate Setting - Reviewed FY end cost reports of various provider types to determine the aggregate annual cost increase incurred by certain provider groups participating in the SC Medicaid Program, as well as determine updated Medicaid rates and appropriate Medicaid reimbursement for FQHCs, Group Homes, State Agencies, and

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

other Behavioral Health Services. Additionally, RHC and Home Health cost reports were reviewed to establish updated Medicaid rates and proper Medicaid reimbursement based upon Medicare rate information. Lastly, contract budget checklists were reviewed to ensure that costs claimed for reimbursement were allowable in accordance with state and federal regulations.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

1583 Regensis

Pass-through funding appropriated by the legislature for a breast cancer awareness program at a community health center.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$100,000	\$100,000	\$0	\$0	\$0	\$0	0.00

Expected Results:

Improved access to service.

Outcome Measures:

Improved access to service.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

1584 Trauma Center Fund

The department is directed to establish a Trauma Fund through Proviso 8.39. Sixty percent of the fund shall be used to create a pool to be allocated to trauma hospitals based on reimbursement methodology to be determined by the department. Forty percent of the fund shall be used to increase reimbursement for trauma specialists' professional services. The identification of trauma specialists and reimbursement methodology shall be determined by the department. The department shall apply federal matching funds subject to approval by the Center for Medicare and Medicaid Services. This proviso takes effect October 1, 2005.

FY 2007-08

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$0	\$0	\$0	\$0	\$0	\$0	0.00

Expected Results:

Improved compensations for trauma hospitals and trauma specialists' professional services serving Medicaid recipients.

Outcome Measures:**EXPLANATION:**

The Trauma Fund was transferred to SCDHEC in FY 06-07.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

1585 Prevention Partnership Grants

Funding for Prevention Partnership Grants is made available through Proviso 8.36. These grants will be awarded to state or community groups to further preventive health programs that have documented outcomes. The grants will be awarded to applicants whose proposals are determined most likely to positively impact South Carolinians and their health behaviors/lifestyles that also include a clear outcome measurement plan.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$4,000,000	\$2,000,000	\$0	\$2,000,000	\$0	\$0	0.00

Expected Results:

There will be initiatives implemented/expanded in community/regional projects in varying dollar amounts.

Outcome Measures:

The outcome measures will be proposed by bidders and will be specific to the projects that are funded. DHHS will award funding based upon the quality of the proposals and outcome measured designed per project.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

1586 Rural Hospital Grants

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

There was no proviso directing how these grants were to be administered. DHHS is currently working the Budget and Control Board office of Research & Statistics to define rural hospitals & to develop criteria for awarding grants.

FY 2007-08						
Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$2,500,000	\$0	\$0	\$2,500,000	\$0	\$0	0.00

Expected Results:

Assist Rural Hospitals with providing care.

Outcome Measures:

Assist Rural Hospitals with providing care.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

1740 GAPS Assist Program

GAPS provides State pharmacy assistance to "fill in the gap" for eligible seniors' Medicare Part D coverage when their drug costs reach the "doughnut hole". With GAPS, eligible seniors will only have to pay 5% of their prescription costs benefit between \$2,400 and \$5,451.25 in calendar year 2007.

FY 2007-08						
Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$12,000,000	\$12,000,000	\$0	\$0	\$0	\$0	0.00

Expected Results:

Eligible seniors enrolled in Medicare Part D plans that coordinate the GAPS benefit will only have to make a 5% co-payment with the state paying the remaining 95% (plus 6% administrative fee) for expenses > \$2,400 and >\$5,451.25 in calendar year 2007.

Outcome Measures:

State payments to coordinating Medicare Part D plans totaled \$6.2 million.

Agency: J02 - Health & Human Services Finance

Functional Group: Health

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Commission

1741 John De La Howe School Medicaid

Behavioral Health Services: Community-based Wraparound Services for emotionally disturbed children who are Medicaid eligible JDLH clients and their families.

FY 2007-08						
Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$539,028	\$0	\$374,948	\$0	\$0	\$164,080	0.00

Expected Results:

Behavioral Health Services: Treatment-oriented services provided to emotionally disturbed children and their families to stabilize or strengthen the child's placement/home setting.

Outcome Measures:

Youth will function better at home, at school and in the community. Outcomes include prevention of more costly and restrictive treatment options through adherence to a philosophy of community based, most normative and least restrictive services delivery and the facilitation of permanency through reunification or permanent guardianship. Another measure is the extent to which coordination of care exists between public and private providers. Total Transactions: 1,764 Cost per Transaction: \$90.71 Total Recipients: 82 Cost per Recipient: \$1,951

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

1742 Department of Corrections Medicaid

Behavioral Health Services: Financial support is provided for Medicaid eligible inmates who are admitted to a medical institution for inpatient services.

FY 2007-08						
Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$2,112,057	\$0	\$1,469,147	\$0	\$0	\$642,910	0.00

Expected Results:

Behavioral Health Services: Provide payment to enrolled providers of inpatient services for inmates, including hospitals, nursing facilities, juvenile psychiatric facilities and intermediate care facilities

Outcome Measures:

Total Transactions: 624 Cost per Transaction: \$3,294.24 Total Recipients: 104 Cost per Recipient: \$19,765

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

1743 Targeted Case Management

Case Management activities involve assisting individuals in gaining and coordinating access to necessary care and services appropriate to meet the needs of the identified target population. Services are provided to targeted children and adults to help individuals gain access to appropriate medical, social, treatment, educational and other needed services and enable clients to have timely access to the services and program that can best meet their identified needs.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$0	\$0	\$0	\$0	\$0	\$0	0.00

Expected Results:

Case management services are provided to ensure that appropriate medically necessary and other needed services are accessed and coordinated. Case Managers work to ensure that services have been rendered and the services provided are appropriate to meet the identified needs of the target population.

Outcome Measures:

Extent to which coordination of care exists between public and private providers.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

1744 MMA Phased Down Contributions

This represents the charges to the State of South Carolina for assuming the prescription coverage for the Medicaid/Medicare dual eligibles.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$72,000,000	\$72,000,000	\$0	\$0	\$0	\$0	0.00

Expected Results:

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

South Carolina will be charged by CMS a monthly amount for the Medicare Part D program for the dual eligibles.

Outcome Measures:

Expenses incurred by the state should result in a limited gain for the state.

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

1745 Wil Lou Gray Opportunity School Medicaid

Wil Lou Gray provides Nursing Services for Children Under 21. Nursing Services for Children Under 21 are those specialized health care service including nursing assessment and nursing diagnosis; direct care and treatment; administration of medication and treatment as authorized and prescribed by a physician or dentist and /or other licensed/authorized healthcare personnel; nurse management; health counseling; and emergent care. Other services include transportation for eligible beneficiaries to and from off-site covered- Medicaid services, and Speech-Language Pathology services.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$110,062	\$0	\$76,559	\$0	\$0	\$33,503	0.00

Expected Results:

Wil Lou Gray Opportunity School will identify, coordinate and provide nursing assessment and direct treatment services for Medicaid eligible children under 21 through periodic medical screenings. The Speech Language Pathologist identifies, coordinates, and treats medical conditions to increase level of functioning.

Outcome Measures:

Total Transactions: 5,508 Cost per Transaction: \$9.58 Total Recipients: 120 Cost per Recipient: \$440

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

1839 A Child's Haven

A Child's Haven is an enrolled provider of therapeutic services for children with emotional & behavioral health conditions in Greenville County. Client transportation services to and from off-site covered Medicaid services are also provided.

FY 2007-08

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$85,000	\$85,000	\$0	\$0	\$0	\$0	0.00

Expected Results:

Medicaid eligible clients have access to services.

Outcome Measures:

Total Transactions: 20,744 Cost per Transaction: \$10.76 Total Recipients: 146 Cost per Recipient: \$1,529

EXPLANATION:

New Activity added by Legislature

Agency: J02 - Health & Human Services Finance
 Commission

Functional Group: Health

1840 SC State Housing Authority

The South Carolina Department of Health and Human Services (DHHS) is the State Medicaid agency. It directly administers three home and community-based waiver programs for individuals who otherwise would need institutional care. As is the case in many other states, one waiver service is home modifications, wherein minor home repairs are made to waiver participants. These modifications can mean the difference between being able to remain at home or in having to go to a nursing home or some other institution. This is a description of issues that South Carolina has faced and how these have been addressed.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$700,000	\$0	\$486,920	\$0	\$0	\$213,080	0.00

Expected Results:

The result of this partnership has been that many participants have received home modifications. In many cases, their dwellings are in substantial need of repair for them to be able to stay safely in their homes. While funds cannot be used for very general home repairs, these funds can and are being used to fix floors that are in grave need of repair, widen doors to allow wheelchair access, providing limited weatherization and other needed repairs.

Outcome Measures:

In the last three years, CLTC has identified shortcomings in its system and made moves to address them. The first was to have a dedicated staff position assigned to oversee providers of home modification services. The second was in getting a partnership with the State Housing Authority. These moves have increased accountability and have benefited many needy waiver participants.

EXPLANATION:

State Agency with new qualifying Medicaid Services (added in SFY 2007)

Agency: J02 - Health & Human Services Finance

Functional Group: Health

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Commission

1841 Child Health Insurance Program (CHIP)

SCHIP - Title XXI of the Social Security Act is jointly financed by the Federal and State governments and administered by States. SCHIP provides a capped amount of funds at a higher match rate than Medicaid (Title XIX) provides, to initiate and expand the provision of child health assistance to uninsured, low-income children. States may provide coverage by expanding Medicaid or creating a separate program or a combination of expansion and a stand alone program. South Carolina presently provides SCHIP coverage through the expansion of children's Medicaid. August 1, 1997 Partner's for Health Children was created to cover children over and above mandatory coverage required by the Federal Government. 2007 legislation establishes the creation of a separate, stand-alone SCHIP Program to expand eligibility, on or after October 1, 2007, for qualifying children under age 19 up to 200% FPL.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$104,338,270	\$22,067,544	\$82,270,726	\$0	\$0	\$0	44.00

Expected Results:

Reduce the number of uninsured children in South Carolina.

Outcome Measures:

Timely and accurate eligibility determinations for all applications presented. 1. Determinations must be completed within 45 days of receipt of the application. 2. Cases must be reviewed annually. 3. The new group will be subject to periodic accuracy reviews by sampling at the local level, the regional level and the state level. Sampling is conducted to reduce erroneous eligibility determinations and to improve program administration.

EXPLANATION:

New Activity added by Legislature

AGENCY TOTALS

Health & Human Services Finance Commission

TOTAL AGENCY FUNDS	TOTAL GENERAL FUNDS	TOTAL FEDERAL FUNDS	TOTAL OTHER FUNDS
\$5,399,194,564	\$967,824,984	\$3,653,430,437	\$763,689,143
	TOTAL SUPPLEMENTAL FUNDS	TOTAL CAPITAL RESERVE FUNDS	TOTAL FTEs
	\$14,250,000	\$0	1,172.00